

DUPLICATE CONTRACT REQUEST FORM

LiveWell® Annuity Series

Issued by Midland National® Life Insurance Company

SAMMONS
Retirement Solutions®

MIDLAND NATIONAL
Life Insurance Company

Sammons Retirement Solutions®
P.O. Box 758547, Topeka, KS 66675-8547

Overnight: Mail Zone 547, 5801 SW 6th Ave.
Topeka, KS 66636-1001

Phone: 1-866-747-3421 | **Fax:** 1-866-511-7038

1. Contract Information

Contract Number

Owner's Name (first, middle initial, last)			SSN
Joint Owner's Name (if applicable) (first, middle initial, last)			SSN
Non-Natural Owner (if applicable)			TIN/EIN
Street Address			Apartment/Suite Number
City	State	ZIP	Phone Number

2. Declaration and Signatures

If Power of Attorney: The attorney-in-fact must sign in capacity as "attorney-in-fact" (e.g. Jane Doe, Attorney-in-fact) and provide a copy of the entire power of attorney document.

If Trust: The trustee(s) must sign with title "trustee" (e.g. Jane Doe, Trustee), according to the terms of the Trust Agreement, and have a completed Midland National Life Insurance Company Certification of Trust Agreement form (19306A) on file with our company.

The Contract Owner is referred to as "you" and "your" in this request. If you are signing as a fiduciary or representative, you must sign in capacity or with title, and documentation of authority must be on file.

By signing below, you:

- Declare the Contract to be lost or destroyed to the best of your knowledge.
- Understand that the duplicate contract will reflect your current coverage and may not be an exact replica of the original.
- Agree to hold Midland National harmless from any claims that may arise from the original Contract.

If Jointly Owned, only **ONE** Owner's signature is required.

Owner/Assignee's Signature	Date Signed
	

If your request is not in good order, how would you like us to notify you?

- Call me at ____ - ____ - ____ Mail a letter to my address of record Contact my Agent/Representative

